AIR NATIONAL GUARD VEHICLE AUTHORIZATION REQUEST

The proponent agency is NGB/A4. The prescribing directive is AFI 24-302/ANG Sup 1.

PART I   ROUTING

UNIT ADDRESS:	SRAN:	TO: NGB/A4RDV 3500 Fetchet Avenue Andrews AFB, MD 20762-5157

PART II VEHICLE AUTHORIZATION ACTION

NSN:	ACTION TAKEN: ☐ INCREASE ☐ DELETION ☐ TRANSFER	BASE CONTROL NUMBER:				
NOMENCLATURE:	ASC	USE CODE	MST ORG	USE ORG	CURRENT AUTH	NEW AUTH	VAL SERIAL

JUSTIFICATION: *(IAW AFI 23-302)*

The following questions must be addressed and answered in the affirmative before the request can be sent to the applicable MAJCOM/A4R for disposition.

1. Does the justification indicate the current VAL using activity or proposed user?

2. Does the justification cite the directive, project, or publication that generated the request, if appropriate?

3. Does the justification fully explain proposed use of the vehicle?

4. Does the justification identify expected utilization information (miles, hours, passengers, equipment, supplies, materials, and number of trips, etc.)?

5. Does the justification list the number of vehicles currently authorized and assigned to the requesting unit and justify why co-utilization will not meet mission requirements?

6. Does the request justify why transportation support from Vehicle Operations (taxi or UDI) cannot satisfy the vehicle requirement (OLVIMS data must substantiate lack of support)?

7. Does the justification include a mission impact statement on the organization, base, or wing if the request is denied?

8. Does the justification cite any actions taken to realign other authorizations to accomodate the requirement? (i.e. non-mission change increase IAW AFI 23-302)

TYPED NAME, GRADE AND TITLE: *(MSG or Equivalent)*	SIGNATURE:	DATE: *(yyyymmdd)*

PART III VEHICLE MANAGEMENT ACTION

VEHICLE MANAGEMENT RECOMMENDATION: *(Required)*

PART IV ACTION TAKEN

☐ RETURNED W/O ACTION   ☐ APPROVED   ☐ DISAPPROVED

CEMO CONTROL NUMBER:

CEMO REMARKS:

TYPED NAME, GRADE AND TITLE:	SIGNATURE:	DATE: *(yyyymmdd)*